

UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)  
BAC, Paralegal

Publication No. WO 04/038855 Publication Date 05-06-04

Basic fee paid: \$ 300 IPER fee paid: \$ 200 ISA fee paid: \$ 400

U. S. Application No. 10/531977

International Application Number: PCT/EP03/50744 International Filing Date: 10-22-03

Application Filed by 30 Month: ☒ Yes ☐ No Language: English

Copy in International Application: yes ☒ no ☐ Translation: yes ☐ no ☐ Defective: ☐ Yes

371 Filing Fees ☒ paid ☐ Insufficient Meet Article 33 Requirement: ☐ Yes ☐ No & why not \_\_\_\_\_

Original claims: 1-18 Added Claims: 19-31 Total Claims: 14 Chargeable 14 Independent 1 multiple 1

Claims Cancelled via Article 34 & /or Pre-Amdt 2-18 Claims added via Article 34 \_\_\_\_\_

Total Number of Drawing Sheets: 2 Foreign Text: \_\_\_\_\_

Oath/Declaration: yes ☐ no ☐: signed ☐ unsigned ☐ defective ☐ Date Satisfied: \_\_\_\_\_

PCT/RO/101/Request Form Declaration: ☒ yes: ☒ signed ☐ Unsigned ~~\_\_\_\_\_~~ 4-20-05

Small Entity: ☐ Yes Small Entity Statement ☐ Assertion by filing fee paid ☐ Large Entity: ☒

1<sup>st</sup> Submission: Biochemical Seq. Diskette: yes ☐ no ☐ entered & date \_\_\_\_\_ not entered & date \_\_\_\_\_

2<sup>nd</sup> Submission: Biochemical Seq. Diskette: yes ☐ no ☐ entered & date \_\_\_\_\_ not entered & date \_\_\_\_\_

Biochemical Seq. Listing: yes ☐ no ☐ statement ☐ yes ☐ no other submission date(s): \_\_\_\_\_

Biochemical Diskette/Listing not needed: \_\_\_\_\_

6-23-05  
Copy of ISR: ☒ with references ☐ without references ☐ Non-Establishment of ISR PCT/ISA/203 \_\_\_\_\_

Article 19 Amendment: ☐ entered ☐ not entered ☐ Replaced by Article 34 Amendment \_\_\_\_\_

Copy of IPER: ☒ without Annexes: ☐ with Annexes: ☐ Annexes entered ☐ Annexes not entered

Reason Annexes have not been entered: \_\_\_\_\_

Preliminary Amendment(s): yes ☒ not entered ☐ & Why \_\_\_\_\_ Other Amendment dates: \_\_\_\_\_

IDS: ☒ yes ☒ with references ☐ without references Other IDS Dates: 6-23-05

Request for Immediate Examination: yes ☒ no ☐ Other Early Processing Date: \_\_\_\_\_

Substitute Specification: yes ☐ no ☐

Assignment: yes ☐ no ☐ Date filed: \_\_\_\_\_ Assignment for PG Pub: ☐ Yes ☐ No Date filed: \_\_\_\_\_

Power of Attorney \_\_\_\_\_ Application Data Sheet \_\_\_\_\_ Priority Document(s): yes ☒

Application Size: 8 Spec. 3 Claims 1 Abstract 2 Drawings \_\_\_\_\_ Seq. List. \_\_\_\_\_ Seq. RF \_\_\_\_\_ Total: (14)

Application Fees: owed/paid

☐ Declaration ☐ Claims ☐ Multiple ☐ Translation ☐ Extension ☐ Petition ☐ Application size \_\_\_\_\_

Date of 35 USC Receipt of Request: **Rec'd PCT/PTO 20 APR 2005**

Date Completion USC 371 Requirements: 11

Notice of Missing Requirements: 9-17-05

371 Formalities Letter: (Sequence) 922 \_\_\_\_\_ 922 Response \_\_\_\_\_ or (Fees Owed) 923 \_\_\_\_\_ 923-Response \_\_\_\_\_

Notice of Defective Response: \_\_\_\_\_ Defective Response Reply \_\_\_\_\_

Notice of Acceptance: 6-7-06

Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_ Petition 1.47: \_\_\_\_\_

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>9-17-05</u>		2 Serial/Patent # <u>10/531,977</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ <u>100.00</u>
10 REASON:		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):		<input checked="" type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #: <span style="border: 1px solid black; padding: 2px;">50--1442</span>		
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Barbara Campbell</u> TITLE: _____ SIGNATURE: <u>[Signature]</u> PHONE: _____ OFFICE: <u>PTO/DO/EO</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: _____				

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